
APPLICATION DATA SHEET UNDER 37 C.F.R. §1.76

Application Information

Application number::	not yet assigned
Filing Date::	Herewith
Application Type::	Non-Provisional
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?	None
Title::	METHODS AND COMPOSITIONS FOR DIAGNOSING, PREVENTING, AND TREATING ALZHEIMER'S DISEASE
Attorney Docket Number::	M0765.70052US01
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	18
Claims::	51
Small Entity?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Rudolph
Middle Name::	E.
Family Name::	Tanzi

City of Residence::	Charlestown
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	Director, Genetics and Aging Research Unit Mass. General Hospital/Harvard Medical School 114 16 th Street C3009
City of mailing address::	Charlestown
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02129-4404
Applicant Authority Type::	Inventor
Primary Citizenship::	
Status::	Full Capacity
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Family Name::	Tesco
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State or Province of Residence::	MA
Country of Residence::	US
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State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02129-4404
Applicant Authority Type::	Inventor
Primary Citizenship::	

Status::	Full Capacity
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Representative Information**Representative Customer Number:: 23628****Domestic Priority Information::**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:: MM / DD / YY
This application is	non-Provisional of	60/454,828	03/14/03
This application is	non-Provisional of	60/479,165	06/17/03

Foreign Priority Information::

Country::	Application Number::	Filing Date:: MM/DD/YY	Priority Claimed::
N/A			

Assignee Information:**Assignee Information:**

Assignee name:: The General Hospital Corporation
Street of mailing address:: 55 Fruit Street
City of mailing address:: Boston
State or Province of mailing address:: MA
Country of mailing address:: United States
Postal or Zip Code of mailing address::